

STANDARD RIGHT-TO-KNOW REQUEST FORM

| DATE REQUESTED: <u>2019-04-22</u> | | | | |
|--|----------------------|----------------------------|------------------|------------------------|
| REQUEST SUBMITTED BY: | ⊠ E-MAIL | □ U.S. MAIL | □ FAX | □ IN-PERSON |
| REQUEST SUBMITTED TO (Age | ency name & ado | lress): City of Pittsburgh | · | |
| 414 Grant Street, 313 City-County Building, Pittsburgh, PA 15219 | | | | |
| NAME OF REQUESTER : Jon Mos | S | | | |
| STREET ADDRESS: Dept MR 7210 | 01 411A Highland Av | e | | |
| CITY/STATE/COUNTY/ZIP(Requ | ired): Somerville, I | MA 02144-2516 | | |
| TELEPHONE (Optional): | | _ EMAIL (optional) | 72101-84007323 | @requests.muckrock.com |
| RECORDS REQUESTED: *Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary | | | | |
| See Attached | | | | |
| | | | | |
| DO YOU WANT COPIES? 🗵 YES 🗆 NO | | | | |
| DO YOU WANT TO INSPECT THE RECORDS? YES NO | | | | |
| DO YOU WANT CERTIFIED COPIES OF RECORDS? YES NO NO YES NO YES NO YES NO | | | | |
| ** PLEASE NOTE: <u>RETAIN A COPY</u> OF THIS REQUEST FOR YOUR FILES ** ** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ** | | | | |
| FOR AGENCY USE ONLY | | | | |
| OPEN-RECORDS OFFICER: | | | | |
| □ I have provided notice to appro | priate third parties | s and given them an o | pportunity to ob | ject to this request |
| DATE RECEIVED BY THE AGEN | ICY: | | | |

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

^{**}Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)